

10/529662

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓					
2		✓				
3						
4						
5		12				
6		1				
7			1			
8				✓		
9				✓		
10				✓		
11				✓		
12				✓		
13				✓		
14				✓		
15				✓		
16				✓		
17				✓		
18				✓		
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44				✓		
45				✓		
46				✓		
47				✓		
48				✓		
49				✓		
50				✓		
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.		←	5	←		←
TOTAL CLAIMS			6			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						